comparison using patient-level data suggests significantly higher SVR24 response rates for patients treated with simeprevir compared to telaprevir.

PIN17
SYSTEMATIC REVIEW AND NETWORK META-ANALYSIS OF TEDIZOLID FOR THE TREATMENT OF ACUTE BACTERIAL SKIN AND SKIN STRUCTURE INFECTION (ABSSSI) DUE TO METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)
McCool R[1], Eales J[1], Barata T[2], Arber M[1], Cikalo M[1], Fleetwood K[2], Glanville J[3], Gould I[4], Kauf T[5]
[1]York Health Economics Consortium, Ltd, Heslington, UK, [2]Quantics Consulting Ltd, Edinburgh, UK, [3]York Health Economics Consortium, York, UK, [4]Royal Infirmary, Aberdeen, UK, [5]Cubist Pharmaceuticals, Lexington, MA, USA
**OBJECTIVES:** Tedizolid is a novel oxazolidinone approved for the treatment of ABSSSI. A network meta-analysis (NMA) was conducted to estimate the relative effectiveness and safety of tedizolid compared to other antibacterials for suspected or documented MRSA-associated ABSSSI. **METHODS:** A systematic review identified relevant randomized controlled trials of tedizolid and other antibacterials approved to treat complicated skin infections (cSSSI, cSSTI, and ABSSSI) caused by suspected or documented MRSA in adults (vancomycin, linezolid, daptomycin, teicoplanin, tigecycline, ceftaroline, and telavancin). Two independent reviewers extracted study characteristics and outcomes, including clinical response at post-treatment evaluation (generally 7-14 days following therapy) and adverse events (AE)-related treatment discontinuations. Bayesian NMA was conducted for each outcome using fixed and random effects models. **RESULTS:** 3,618 records were identified. 15 trials met inclusion criteria. In fixed effect models, tedizolid had higher odds of clinical response at PTE or TOC than vancomycin (odds ratio [OR]: 1.6 [95% credible interval: 1.1, 2.5]), corresponding to absolute response rates of 87% [9%, 100%] and 80% [5%, 100%], respectively. No statistically significant differences in odds of clinical response between tedizolid and other comparators were observed. Results were similar when limited to intent-to-treat (ITT) or microbiological ITT analysis populations. In an ad hoc analysis of MRSA-only populations, ORs for response were 1.0, 1.2, 2.1, 1.1, 3.2, and 1.6 for tedizolid versus linezolid, ceftaroline, daptomycin, telavancin, tigecycline, and vancomycin, respectively. , . Absolute rates of discontinuation due to AEs ranged from 0.3% [0%, 49%] for tedizolid to 1.2% [0%, 81%] for telavancin, but no comparisons reached statistical significance. Results from fixed and random effects models generally were consistent. **CONCLUSIONS:** These findings suggest that tedizolid offers an alternative treatment option for serious skin infections caused by suspected or documented MRSA. This study is subject to limitations inherent to all NMAs, and the results should be interpreted accordingly.

PIN18
CLINICAL COMPARISON OF FULL COURSE INTRAVENOUS OR ABBREVIATED ORAL ANTIBIOTICS IN HOSPITALIZED PATIENTS WITH METHICILLIN-RESISTANT S. AUREUS (MRSA) SKIN AND SOFT TISSUE INFECTIONS
Jacobs DM[1], Hsiao CB[2], Paladino JA[1]
[1]University at Buffalo, Buffalo, NY, USA, [2]Alleheny General Hospital, Pittsburgh, NY, USA
**OBJECTIVES:** Orally active MRSA drugs are utilized in hospitalized patients for treatment of skin infections to abridge intravenous (IV) therapy, but clinical evidence of their effectiveness is needed. Our goal was to compare health outcomes in hospitalized adult patients treated with a full course of IV or abbreviated oral antibiotics for MRSA skin infections. **METHODS:** This was a single center, retrospective cohort study of hospitalized patients with culture positive MRSA skin infections managed from 2009-2013. Patients were stratified based on receipt of full course IV antibiotics or abbreviated oral antibiotics during the hospital stay. Treatment failure was defined as one of the following within 90 days of initiation of treatment: 1. additional MRSA culture from any site, 2. change in antibiotic therapy, 3. secondary incision and drainage. Statistical analysis included multivariate logistic regression models to assess for predictors of failure. **RESULTS:** Among 101 patients with MRSA skin infections, 60 received a full course of IV antibiotics and 41 converted to oral antibiotics (minocycline or doxycycline [n=34]). Treatment failure at 90 days was 35%, occurrence of failure was similar among patients with a full course of IV therapy and those abbreviated to oral therapy (21 of 60 [35%] vs. 14 of 41 [34%], p = 0.93). The length of IV therapy was significantly less in patients treated with oral therapy (6.5 days vs 4 days, p< 0.01). In the multivariate adjusted model, treatment with oral antibiotics was not associated with failure. Predictors of failure included Hispanic ethnicity (aOR 15.8; 95% CI, 1.8-138.9, P = 0.01) and a trend towards significance for ulcer skin infections (p = 0.052). **CONCLUSIONS:** Although hospitalized patients are commonly treated with full course IV antibiotics for MRSA skin infections, we found similar outcomes in those converted to oral antibiotics. Treatment failures were associated with Hispanic ethnicity and ulcer skin infections.

PIN19
RESPIRATORY RELATED HOSPITALIZATIONS IN PREMATURE INFANTS PROPHYLAXED WITH PALIVIZUMAB IN THE CANADIAN REGISTRY OF PALIVIZUMAB (CARESS)
Abraha HY[1], Li A[1], Paes B[2], Mitchell I[3], Lanctôt K[1]
[1]Sunnybrook Health Sciences Centre, Toronto, ON, Canada, [2]McMaster University, Hamilton, ON, Canada, [3]University of Calgary, Calgary, AB, Canada
**BACKGROUND:** The efficacy and safety of palivizumab for respiratory syncytial virus (RSV) prophylaxis in healthy premature infants ≤35 weeks gestational age (WGA), was confirmed in the IMpact, randomized trial. However, there are limited data on the incidence of hospitalization for respiratory related events in prophylaxed infants in the lower GA sub-categories. **OBJECTIVES:** The primary objective is to evaluate the incidence of respiratory illness (RIH) and RSV-specific hospitalizations (RSVH) in high-risk premature infants who received palivizumab. **METHODS:** Data were collected from premature infants ≤35 completed WGA enrolled in the CARESS registry, who received at least one palivizumab injection between the 2005-2014 RSV seasons. Palivizumab utilization, compliance, and outcomes related to respiratory infection events were assembled monthly. Cox regressions were performed to determine hazard ratios (HRs) for hospitalization. **RESULTS:** 12,137 infants (57.6% male, mean (SD) birth weight = 1585 (621)g, mean (SD) GA = 31.0 (2.9) weeks) were recruited and GA was categorized according to completed weeks: ≤ 26 weeks, 27-28 weeks, 29-30 weeks, 31-32 weeks, and 33-35 weeks. Risk of RIH (HR, 95%CI) was significantly lower only in premature infants with GA ≤ 26 weeks (HR=0.6, 0.4-1.0, p = .04). Risk of RSVH was significantly higher in infants with GA ≤ 26 weeks (HR = 4.2, 2.3-7.8, p <.0005), 27-28 weeks (HR = 2.3, 1.2-4.1, p = .008), and 29-30 weeks (HR = 1.8, 1.0-3.0, p = .04) using 31-32 WGA as the comparator. **CONCLUSIONS:** Infants ≤ 30 WGA who received palivizumab had a significantly higher hazard for RSVH than those >30 weeks. Lower RSVH hazard ratios in infants with higher GAs (>30 weeks) are in agreement with the efficacy of palivizumab in this cohort (>80% reduction in RSVH [32-35 weeks], IMpact trial) demonstrating that premature infants with lower GA are at highest risk following prophylaxis.

PIN21
MODELING SURVIVAL IMPACT OF HAZARDOUS DRINKING AND TREATMENT TO REDUCE HAZARDOUS DRINKING AMONG INDIVIDUALS WITH HIV INFECTION: A MONTE CARLO SIMULATION MODEL
Hu X, Cook RL
University of Florida, Gainesville, FL, USA
**OBJECTIVES:** Modifiable factors contributable to disease progression and survival among people with HIV infection are of particular importance for HIV research. Hazardous drinking is one such variable associated with delayed linkage in care, increased HIV disease progression, worsened comorbidities (e.g., liver diseases). Curtailing hazardous drinking may have important survival implications. Few studies have explored the relationship among hazardous drinking, alcohol treatment and survival. We developed a computer simulation model predicting the survival influence of hazardous drinking and usage of alcohol treatment among individuals with HIV infection. **METHODS:** We simulated cohorts of 50,000 antiretroviral-naïve hazardous drinkers with newly diagnosed chronic HIV infection. The model incorporated the influence of ART and distinguished AIDS-related deaths and non-AIDS-related deaths (CVD, Cancer, Liver, and others). We modeled the impact of hazardous drinking on survival via its influence on viral suppression, and subsequent AIDS-related deaths, and mortality of various non-AIDS-related deaths. The role of alcohol treatment on survival was mediated through changes in hazardous drinking. The simulation model was a probabilistic, Monte-Carlo model created by Microsoft Excel 2010, and Oracle Crystal Ball 11. **RESULTS:** Hazardous drinking substantially reduced mean survival years and increased risk of dying due to liver diseases. For patients aged 35, hazardous drinkers had an average of 2.9 years lower in expected life years compared with those without hazardous drinking (30.4 years vs. 33.3 years). Receipt of alcohol treatment, regardless of behavioral treatment or pharmacotherapy, saved an average of 0.3 to 1.2 years per hazardous drinker when utilization rate varying from 10% to 80%. **CONCLUSIONS:** This study quantified deleterious effect of hazardous drinking in survival and provided evidence supporting the survival benefits of using alcohol treatment. Given the high prevalent of hazardous drinking among individuals with HIV infection, interventions to decrease alcohol use may have great public health implications.

PIN22
PHARMACOEPIDEMIOLOGY OF CLOSTRIDIAL COLLAGENASE OINTMENT FOR THE TREATMENT OF DIABETIC FOOT ULCERS IN OUTPATIENT CARE SETTINGS
Gilligan AM, Waycaster CR
Smith & Nephew Inc., Fort Worth, TX, USA
**OBJECTIVES:** Identify patient and clinical characteristics in the diabetic foot ulcer (DFU) population and examine patterns of enzymatic debridement utilization. **METHODS:** Retrospective, de-identified electronic medical records from 2007-2013 were extracted from the Intellicure Limited Data Set (I-LDS). The I-LDS extracts records from 96 hospital-based outpatient wound centers. Patient, wound and encounter level characteristics were examined. The treatment of interest was enzymatic debridement with clostridial collagenase ointment (CCO). **RESULTS:** A total of 10,359 patients, 21,677 wounds, and 222,861 encounters for DFU were identified. The majority of patients was male (60.9%), Caucasian (63.5%), and reported Medicare as their primary insurance (51.1%). Of the 21,677 wounds, approximately 16.9% received CCO (n=3,670). Overall, the mean wound surface area was significantly larger (p<0.0001) in DFUs treated with CCO (7.6cm2) compared to wounds not treated with CCO (5.4cm2), respectively. Wounds treated with CCO had significantly more (p<0.001) debridements of all methods (5.4, SD=6.3) relative to the overall population (4.3, SD=6.1). Problems treated with CCO were significantly more likely (p<0.0001) to have an infection (63.4%) compared to the overall DFU population (50.9%). The average number of visits where CCO was administered was 10.2 (SD=9.7) and the average days of use with CCO was 53.2 days (SD=68.9). The average number of CCO tubes used by patients was 2.4 (SD=0.9). Mean days in service for CCO-treated wounds was 129.5 (SD=149.1), which was significantly higher compared to days in service for non-CCO treated wounds (102.6, SD=151.8). **CONCLUSIONS:** Wounds treated with CCO were larger, more likely to receive debridement of all methods, and more likely to be infected relative to the overall DFU population. Results from this analysis indicate that health care providers are using CCO in more severe, difficult-to-heal DFUs.

PIN23
PHARMACOEPIDEMIOLOGY OF CLOSTRIDIAL COLLAGENASE OINTMENT FOR THE TREATMENT OF PRESSURE ULCERS IN OUTPATIENT CARE SETTINGS
Gilligan AM, Waycaster CR
Smith & Nephew Inc., Fort Worth, TX, USA
**OBJECTIVES:** Identify patient and clinical characteristics in the pressure ulcer (PU) population and examine patterns of enzymatic debridement utilization. **METHODS:** Retrospective, de-identified electronic medical records from 2007-2013 were extracted from the Intellicure Limited Data Set (I-LDS). The I-LDS extracts records from 96

hospital-based outpatient wound centers. Patient, wound and encounter level characteristics were examined. Treatment of interest was enzymatic debridement with clostridial collagenase ointment (CCO). **RESULTS:** A total of 9,203 patients, 20,358 wounds, and 149,680 encounters for PU were identified. The majority of patients was female (51.0%), Caucasian (70.0%), and reported Medicare as their primary insurance (59.6%). Average age was 67.4 (SD=19.5) and average number of physician visits was 11.3 (SD=14.9). Mean wound surface area was 8.8 cm2 (SD=30.3). Overall average wound duration was 4.3 months (SD=16.6). Of the 20,358 wounds, approximately 19.8 % received CCO (n=4,022). The majority of wounds treated with CCO were Stage III and IV (60.1% and 29.6%, respectively). Wounds treated with CCO had significantly more ($p<0.001$) debridements of all methods (4.8, SD=5.9) relative to the overall population (3.7, SD=6.3). Problems treated with CCO were significantly more likely ($p<0.0001$) to have an infection (65.3%) compared to the overall PU population (51.5%). Average number of visits where CCO was administered was 7.4 (SD=5.9) and the average days of use with CCO was 53.3 days (SD=58.0). Average number of CCO tubes used by patients was 2.2 (SD=0.6). Mean days in service for CCO-treated wounds was 127.9 (SD=159.8), which was significantly higher compared to days in service for non-CCO treated wounds (98.9, SD=157.7). **CONCLUSIONS:** Wounds treated with CCO had substantially longer days in service, more likely to receive debridement of all methods, and more likely to be infected relative to the overall PU population. Results from this analysis indicate that healthcare providers are using CCO in Stage III and IV PUs.

**PIN24**

**LINEZOLID PRESCRIPTION PATTERN: IDENTIFYING THE USE TO RATIONALIZE THE PRACTICE**

Reis HP[1], Candido D[2], Magalhaes D[1], Vieira JB[1], Sartori DP[1], Rodrigues JL[2], Rodrigues EX[1], Gurgel Filho N[1], Viana A[1], Chaves E[1], Bastos A[1], Albuquerque I[1]

[1]*UNIMED Fortaleza, Fortaleza, Brazil,* [2]*Universidade Federal do CearÃ¡, Fortaleza, Brazil*

**OBJECTIVES:** Linezolid is an important antimicrobial strategy to combat methicillin-resistant Staphylococcus aureus (MRSA). However, it should be used with caution due to its high cost and to avoid the development of resistant strains. This study sought to determine the pattern of use of Linezolid in a large hospital in Fortaleza, Brazil. **METHODS:** This was a cross-sectional study carried out from 2013 to 2014, in which data were collected from the medical records of 170 patients admitted to medical wards and intensive care units of a general hospital and that were in use of Linezolid. The pharmacotherapeutic and microbiological parameters followed the Antimicrobial Stewardship Guideline (Infectious Diseases Society of America, 2012) by pharmacist and medical infectious disease team. For the calculation of the direct cost, the electronic source Brasíndice was used. **RESULTS:** The patients were in use of this antimicrobial had a mean age of 74.5 years and 56% were female. The most isolated bacteria were Staphylococcus aureus (13; 72%), Enterococcus (4; 22%), Streptococcus pneumoniae (1; 6%) and the most verified types of infection were pulmonary (137 / 64.32%), urinary (22 / 10.33%) and skin (9/4.22%). The average load time was 11.3 days. The overall cost of the therapy with Linezolid was $216,075.41. **CONCLUSIONS:** Linezolid is strategic in the treatment against MRSA, especially in pneumonia, but should be used rationally to avoid adverse effects and increase of unnecessary costs. Thus, the determination of its pattern of use was a fundamental step to achieve better clinical outcomes in the multidisciplinary team setting.

**PIN25**

**PHARMACOEPIDEMIOLOGY OF CLOSTRIDIAL COLLAGENASE OINTMENT FOR THE TREATMENT OF VENOUS LEG ULCERS IN OUTPATIENT CARE SETTINGS**

Gilligan AM, Waycaster CR

*Smith & Nephew Inc., Fort Worth, TX, USA*

**OBJECTIVES:** Identify patient and clinical characteristics in the venous leg ulcer (VLU) population and examine patterns of enzymatic debridement utilization. **METHODS:** Retrospective, de-identified electronic medical records from 2007-2013 were extracted from the Intellicure Limited Data Set (I-LDS). The I-LDS extracts records from 96 hospital-based outpatient wound centers. Patient, wound and encounter level characteristics were examined. The treatment of interest was enzymatic debridement with clostridial collagenase ointment (CCO). **RESULTS:** A total of 9,091 patients, 25,734 wounds, and 222,666 encounters for VLU were identified. The majority of patients was male (50.5%), Caucasian (74.1%), and reported Medicare as their primary insurance (53.4%). The average age was 68.9 (SD=14.6) and the average number of physician visits was 17.7 (SD=22.5). The mean wound surface area was 16.5cm2 (SD=44.6). The overall average wound duration was 5.8 months (SD=26.7). Of the 25,734 wounds, approximately 12.7% received CCO (n=3,278). Wounds treated with CCO had significantly more ($p<0.001$) debridements of all methods (5.5, SD=7.6) relative to the overall population (3.4, SD=5.5). Problems treated with CCO were significantly more likely ($p<0.0001$) to have an infection (74.2%) compared to the overall VLU population (60.5%). The average number of visits where CCO was administered was 2.1 (SD=6.7) and the average days of use with CCO was 13.3 days (SD=46.2). The average number of CCO tubes used by patients was 1.0 (SD=1.1). Mean days in service for CCO-treated wounds was 148.2 (SD=196.5), which was significantly higher compared to days in service for non-CCO treated wounds (79.0, SD=135.6). **CONCLUSIONS:** Wounds treated with CCO had substantially longer days in service, were more likely to receive debridement of all methods, and more likely to be infected relative to the overall VLU population. Results from this analysis indicate that health care providers are using CCO in more severe, difficult-to-heal VLUs.

**PIN26**

**ANNUAL INCIDENCE RATES OF HERPES ZOSTER AMONG AN IMMUNOCOMPETENT POPULATION IN THE UNITED STATES**

Johnson BH[1], Gatwood J[2], Palmer LA[3], Lenhart G[1], Kawai K[4], Acosta CJ[4]

[1]*Truven Health Analytics, Cambridge, MA, USA,* [2]*University of Tennessee Health Science Center College of Pharmacy, Memphis, MA, USA,* [3]*Truven Health Analytics, Bethesda, MD, USA,* [4]*Merck & Co., Inc., West Point, PA, USA*

**OBJECTIVES:** Herpes zoster (HZ), also known as shingles, is a painful and commonly occurring condition in the U.S.. In spite of a universally recommended vaccine for use in immunocompetent adults aged 60 years and older, HZ continues to impact the American public and a better understanding of its current incidence is needed. **METHODS:** This was a retrospective analysis using the Truven Health MarketScan® databases from 2011. Cases were identified by a diagnosis code for HZ (ICD-9-CM: 053.xx) and must have been enrolled as of January 1, 2011, lacked a claim for shingles vaccination or HZ in the 90 days prior to this date, and been deemed immunocompetent according to the study criteria. Annual incidence rates were calculated for the entire population observed in the database as well as by gender and age group; standardized incidence rates were also produced using the 2010 U.S. Census data. **RESULTS:** The annual incidence rate of HZ across all ages of the study population in 2011 was 4.47 per 1000 person-years (95% CI: 4.45, 4.50). This rate increased monotonically with age, ranging from 0.86 (95% CI: 0.84, 0.88) for those aged ≤19 to 12.78 (95% CI: 12.49, 13.07) for immunocompetent enrollees aged 80 and older. The incidence rate was 8.46 (95% CI: 8.39, 8.52) among adults 50 years and older and 10.46 (95% CI: 10.35, 10.56) among those aged 60 years and older. The annual incidence rate of HZ was higher in women than men ((5.25, 95% CI: 5.21, 5.29 and 3.66, 95% CI: 3.62, 3.69), respectively) and was seen across all age groups. When standardized using 2010 U.S. Census data, the annual incidence rate was 4.63 per 1000 person-years (95% CI: 4.61, 4.66). **CONCLUSIONS:** Herpes zoster remains common among immunocompetent adults with incidence rates of HZ observed to increase with age and be higher in women than men.

**PIN27**

**EXAMINATION OF HOSPITAL-ACQUIRED INFECTIVE ENDOCARDITIS USING MEDICARE CLAIMS DATA**

Wang Z, Zhang Q, Miyasato G

*Trinity Partners, LLC, Waltham, MA, USA*

**OBJECTIVES:** Infective endocarditis (IE) is one of the most common hospital-acquired infections. This study used Medicare claims data to understand the current hospital-acquired infective endocarditis (HAIE) burden and associated risk factors. **METHODS:** The analysis was conducted using 2011 and 2012 Centers for Medicare and Medicaid Services Part A fee-for-service claims. Patients with an IE ICD-9 diagnosis code in 2012 and at least 6-months of follow-up were included. HAIE was defined as IE with 1) onset ≥72 h after admission or 2) a significant invasive procedure performed during a hospitalization ≤ 8 weeks before the onset. To measure the impact of HAIE versus non-HAIE on medical costs, a generalized estimating equation approach with a gamma distribution and log link function was used. Logistic regression was used to assess patient demographics' and comorbidities' association with HAIE. **RESULTS:** 10,059 IE patients were identified, 27% of which had HAIE. The 6-month death rate of HAIE patients was higher than non-HAIE patients (43% vs. 32%, $p<0.0001$). HAIE patients had more hospitalizations (7.1 vs. 3.9, $p<0.0001$) and longer lengths of stay (27.7 vs. 14.1 days, $p<0.0001$) after their IE onset. After adjusting for demographics, pre-existing health status (measured by Charlson Comorbidity Index) and hospital-level factors, HAIE patients had significantly higher 6-month medical costs than non-HAIE patients (mean = $97,226 vs. $39,032, $p<0.0001$). Patients with liver disease or hemiplegia were at the highest risk of HAIE, with odds ratios of 1.9 and 2.6, respectively, while adjusting for covariates. **CONCLUSIONS:** Medicare HAIE patients had higher healthcare costs, underscoring the need to further understand the risk factors for hospital versus community-acquired IE. Our study showed that patients with certain pre-existing comorbidities have a higher risk of HAIE. Using this information, healthcare providers may be able to better prevent HAIE and avoid its associated mortality risk and costs.

**PIN28**

**ONCE-DAILY SINGLE-TABLET REGIMEN REDUCE LOSS TO FOLLOW-UP IN PEOPLE LIVING WITH HIV**

Valenzuela-Lara M[1], Magis-Rodríguez CL[1], Bautista-Arredondo S[2]

[1]*National Center for the Prevention and Control of HIV and Aids of Mexico (CENSIDA), Distrito Federal, Mexico,* [2]*National Institute of Public Health of Mexico (INSP), Cuernavaca, Mexico*

**OBJECTIVES:** Determine the factors associated with loss to follow-up (LTFU) in people living with HIV on antiretroviral therapy (HAART) in Mexico. **METHODS:** A case-control study in people living with HIV on HAART was conducted using the national database of the System of management, logistic and monitoring of antiretroviral (SALVAR) of the National Center for the Prevention and Control of HIV and Aids (CENSIDA). Subjects included in the study had begun HAART with at least 18 years age, between January 2009 and December 2013. LTFU was defined as not attending the clinic for a period of 6 months or longer, while not yet classified as dead or transferred-out. Patients in HAART until the end of the study or dead during treatment were considered to be controls. The unmatched sample size was estimated with a 95%CIs and 1:2 ratio of cases-to-control. A simple random sampling technique was used to select the sample cases and controls (330 cases and 660 controls). A logistic regression analysis was run using Stata 11.1. **RESULTS:** In multivariable analysis the time between the diagnostic and linkage to care ≥50 days (OR 1.87; 95%CIs 1.29-2.73) was associated with LTFU ($p<0.05$). Once-daily single tablet regimen (OR 0.33; 95%Cis 0.23-0.46), age of start of treatment ≥41 years old (OR 0.57; 95%CIs 0.39-0.83), 4th year since linkage to care (OR 0.11; 95%CIs 0.04-0.29) compared to first year, and last viral load <50 RNA copies/mL (OR 0.24; 95%CIs 0.17-0.33) had reduced odds of being LTFU. **CONCLUSIONS:** Number of pills per day had a significant impact on the risk to LTFU and an undetectable viral load had a positive feedback in the retention to treatment. The data reflects the importance of continuing research on co-formulated antiretroviral regimens.

**PIN29**

**COMPARING FIRST- AND SECOND-SEASON PALIVIZUMAB PROPHYLAXIS IN PATIENTS WITH HEMODYNAMICALLY SIGNIFICANT CONGENITAL HEART DISEASE IN THE CARESS DATABASE (2005-2014)**

Li A[1], Paes B[2], Mitchell I[3], Lanctôt K[1]

[1]*Sunnybrook Health Sciences Centre, Toronto, ON, Canada,* [2]*McMaster University, Hamilton, ON,*